



AMENDMENT

Application #	10/621,149
Confirmation #	1189
Filing Date	15 JULY 2003
First Inventor	KROENING, JAMES L.
Art Unit	2185
Examiner	TRAN, DENISE
Docket #	450.366US1 (P08869US00/RFH)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

In response to the Office Action dated June 7, 2006:

- A) please consider the responsive **Remarks** provided herewith in **Attachment A**; and
- B) please amend the above identified application as follows:
 - **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment B**.

It is respectfully submitted that the application is now in condition for allowance.

Respectfully submitted,

Date: September 1, 2006


By: Ross F. Hunt, Jr.
Registration No.: 24,082

STITES & HARBISON PLC • 1199 North Fairfax St. • Suite 900 • Alexandria, VA 22314
TEL: 703-739-4900 • FAX: 703-739-9577 • EMAIL: iplaw@larsontaylor.com • CUSTOMER No. 000881



TRANSMITTAL FORM

(for all correspondence after initial filing)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	10/621,149
	Confirmation #	1189
	Filing Date	July 15, 2003
	First Inventor	KROENING
	Art Unit	2185
	Examiner	TRAN, Denise
Total number of pages in this submission =	Docket #	450.366US1 (P08869US00)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fees calculated below <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> including Attachment(s) <input type="checkbox"/> After Final Amendment/Reply <input type="checkbox"/> including Attachment(s) <input type="checkbox"/> Extension of Time Petition <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/>
---	--

FEES CALCULATION: For claims if required and/or other fees as shown below:

	NOW	Previously Paid For	Present Extra	Rate	\$
<input checked="" type="checkbox"/> TOTAL CLAIMS	17	- 29	0	X \$ 50 =	
<input checked="" type="checkbox"/> INDEPENDENT CLAIMS	4	- 5	0	X \$ 200 =	
TOTAL OF ABOVE CLAIMS FEES =					
SUBTOTAL =					
TOTAL OF ALL FEES =					-0-

A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$0 is enclosed.

The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 50-0439:

- (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
- (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: September 1, 2006



By: Ross F. Hunt, Jr.
Registration No.: 24082

STITES & HARBISON PLLC • 1199 North Fairfax St. • Suite 900 • Alexandria, VA 22314
TEL: 703-739-4900 • FAX: 703-739-9577 • Customer No. 00881